

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99712

Office of Registrar of Vital Statistics.

Ward 1^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, *within twenty-four hours* after the death of said deceased, or soon if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 37 Years, 11 Months, Day

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. Married

Occupation, XXX

Birth Place, { State or country, and how long in the United States, if of foreign birth. Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. 710 Luzerne St.

Cause of Death, { First (Primary), Cancer of Breast
Second (Immediate),

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 19th 1887

James E. Donnelly M. D.

Medical Attendant.

Undertaker, H. Pander & Son

Place of Business, 1710 Carlton St.

Address, 1701 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99713 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

May 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mr. Dovsky

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 54 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

Freelance

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

30 years.

Duration of Residence in the City of Baltimore,

41028 S. Pacau

Place of Death, { Give Street and Number. }

3 months

Cause of Death, { First (Primary),

Influenza

Second (Immediate),

3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

D. J. Leen M. D.

Date of Burial, May 11 1887

Undertaker, Joe B. Cook

Place of Business, 1603 N Baltimore

Medical Attendant.

Bob W. Combs

Address,

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99714 Office of Registrar of Vital Statistics. Ward 7th

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georganna Jackson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, Months, Days.

Color, Color

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Washwoman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Anna Chamber lev Mrs.

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, { Give Street and Number. } 86 Milligan St.

Cause of Death, { First (Primary), } Marcus Bright
{ Second (Immediate), } Uremia Persevering

Duration of Last Sickness, About 6 months.

All the above information should be furnished by the Physician.

Place of Burial, A. & G. County Rd

Date of Burial, May 10 1887

{ Undertaker, William D. Dugger }

{ Place of Business, 150 East St. }

G. F. Taylor M. D.
Medical Attendant.

Address, 198 N. 18th Way

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

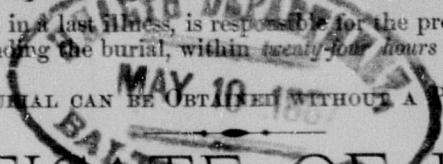
Permit No. 99715

Office of Registrar of Vital Statistics.

Ward 13⁴

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

May 7th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Patrick Ryan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, — Months, — Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Shoemaking

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland - 30 years

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give Street and Number. }

University Hospital

Cause of Death, { First (Primary),
Second (Immediate), }

Tuberculosis pulmonum
Exhaustion

Duration of Last Sickness,

18 months

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, May 9/87

Undertaker, Geo. E. Brown

Place of Business, Health Office

C. W. Mitchell

M. D.

Medical Attendant.

Address, University Hospital

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[OVER.]

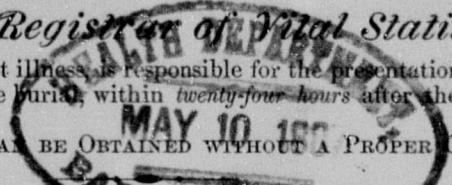
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99716 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately *filled out*, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 9 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie One.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24. Years, 1. Months, 22. Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Seamstress.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } West Minster Md.

Duration of Residence in the City of Baltimore, 23. Years.

Place of Death, { Give Street and Number. } 1330 N. Fremont St.

Cause of Death, { First (Primary), Sphacelus Pulmonalis
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, May 11

{ Undertaker, Walter Immel }

{ Place of Business, 594 W. Biddle St. Address, corner of Pressman & Barry }

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9977 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 8 A.D. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary E Franklin

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age, 31 Years,

9 Months,

Color, white

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country now long in the United States, if of foreign birth. }

Life time

Duration of Residence in the City of Baltimore,

1360 Stockton St.

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),

Laryngeal Phthisis

Second (Immediate),

Duration of Last Sickness,

2 Years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery.

Date of Burial, May the 11

Daniel W. Moyer

M. D.

Undertaker, Walter J. Innes

Medical Attendant

Place of Business, 594 W. Biddle

Address, 728 Aspinwall, Pa.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99718

Office of Registrar of Vital Statistics.

Ward

1¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1887

CERTIFICATE OF DEATH.

Date of Death,

May 8 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ralph Mcgauran

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 37 Years, Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Lehman

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 26. Years

Place of Death, { Give Street and Number. } 2600 Madison Street

Cause of Death, { First (Primary), Paralysis
Second (Immediate), }

Time of death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, May 10 1887

Undertaker, G. T. France

O. A. Ruland

M. D.

Place of Business, Frank & Wolfe

Address, 403 W. Broadway

Medical Attendant

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99719 Office of Registrar of Vital Statistics. Ward 2 11

The Physician who attended any person in his illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 - 1887 Sophia Parents

Full Name of Deceased, Henry Mabus Henry Mabus Parents
 Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female (Cross out the word not required in this line.)

Age, 21 Years, 0 Months, 1/2 Days

Color, white

Married, Single, Widow or Widower, Single (Cross out the words not required in this line.)

Occupation, Housewife

Birth Place, Baltimore (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Register St

Place of Death, 511 S. Register St. (Give Street and Number.)

Cause of Death, Paroxysm of development (First (Primary), Asphyxia (Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 11 1887 Frank C. Bonsell, M. D.

Undertaker, Henry Mabus (Medical Attendant)

Place of Business, 311 S. Register Address, 1711 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

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Health Department, City of Baltimore.

Permit No. 99720 Office of Registrar of Vital Statistics. Ward 5th

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CERTIFICATE OF DEATH.

Date of Death, May 10, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Hannan.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 68 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Nurse

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany, 35 yrs.

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, { Give Street and Number. } 1634 E. Monument St

Cause of Death, { First (Primary), Chronic Bronchitis
Second (Immediate), Pulmonary Ordeman }

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 13th

{ Undertaker, Geo Schilling

{ Place of Business, Ashland Liqueur

J. B. Schwatka M. D.

Medical Attendant.

Address, 933 N. Broadway

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore

Permit No. 9972 / Office of Registrar of Vital Statistics.

Ward 60

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CERTIFICATE OF DEATH.

Date of Death,

May, 8th 1887 - 5 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John J. Sullivan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11

Years,

Months,

Day

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Shoe Boy
Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give Street and Number. } 1, 2 Cor Bond & Hambleton St

Cause of Death, { First (Primary), Supposed cause by a small nail penetrating body of large two-months ago. Second (Immediate), Leptanus }

Duration of Last Sickness, About 30 hours, saw him first at 3 A.M. to day

All the above information should be furnished by the Physician.

Place of Burial, St Vincent C'y

Date of Burial, May 10 1887

Undertaker, Jas C. Byrne

Place of Business, 302 W Bay

W. H. Protheroe

M. D.

Medical Attendant.

Address, 1102 2 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]